


Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		Notification of Regulated Waste Activity  EPA United States Environmental Protection Agency		Date Received (For Official Use Only) AUG 30 1999	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input checked="" type="checkbox"/> A. Initial Notification		<input type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number	
				CA 92708-56002	
II. Name of Installation (Include company and specific site name)					
KODAK PROCESSING LABS					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street					
18250 SOUTH EUCLID STREET					
Street (Continued)					
City or Town				State	Zip Code
FOUNTAIN VALLEY				CA	92708-
County Code	County Name				
USA	ORANGE				
IV. Installation Mailing Address (See Instructions)					
Street or P.O. Box					
SAME					
City or Town				State	Zip Code
					-
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (Last)			Name (First)		
SARRIA			BRENT		
Job Title			Phone Number (Area Code and Number)		
QA MANAGER			714-431-0600		
VI. Installation Contact Address (See Instructions)					
A. Contact Address Location		B. Street or P.O. Box			
<input checked="" type="checkbox"/> Location		<input checked="" type="checkbox"/> Mailing			
		SAME			
City or Town				State	Zip Code
					-
VII. Ownership (See Instructions)					
A. Name of Installation's Legal Owner					
KODAK PROCESSING LABS					
Street, P.O. Box, or Route Number					
18250 SOUTH EUCLID ST.					
City or Town				State	Zip Code
FOUNTAIN VALLEY				CA	92708-
Phone Number (Area Code and Number)		B. Land Type	C. Owner Type	D. Change of Owner Indicator (Date Changed)	
714-431-0630		C	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Month Day Year	

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☒ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- a. Transporter

- b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic

☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐☐☐☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D011
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

HOWARD M. ARNOLD PLANNING

Date Signed

8/24/99

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)